



Arkansas State Board of Cosmetology Release Form

I, _____ (print
student name), hereby grant permission to the State Board of Cosmetology
and Information Network of Arkansas to use my photograph for use in
publications and for media purposes without further consideration. I agree
to indemnify and hold harmless from any claims the State Board of
Cosmetology and Information Network of Arkansas. The State Board of
Cosmetology reserves the right to use or discontinue use of any photographs
without notice.

Student's signature

Student's ID #

Date

Picture #

IMPORTANT

One release form per person is required to be on file with the State Board of Cosmetology.
Each picture must be accompanied by a list of the persons included in the picture.